

## NOTICE/CONSENT FOR INITIAL EVALUATION

Your child has been referred for early childhood services. It is the goal of the early intervention and preschool programs to involve the family at all levels of decision making in your child's program. With your consent, \_\_\_\_\_ will be evaluated as follows:

TYPE OF EVALUATION/SKILL AREA	LOCATION	DATE/TIME

A brief explanation of each evaluation area is on the back of this form.

The reason(s) for this evaluation(s) is: \_\_\_\_\_

A copy of your rights is attached or enclosed. An explanation of your rights is available in your native language. If you have questions, please contact:

\_\_\_\_\_  
Staff Name / Title

\_\_\_\_\_  
Phone #

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### Parent Please Complete This Part

**No initial evaluations will be conducted without parent consent. If consent is refused, the family will then be informed of any known consequences.**

- ☐ I give my consent to conduct the above listed evaluation(s).
- ☐ I do not give my consent to conduct the above listed evaluations(s).
- ☐ I consent to the evaluations I have initialed, but not to the others.

For children birth to three, families reserve the right to decline any early intervention service without jeopardizing other early intervention services for their child. You may refuse some evaluations and consent to others.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Evaluation Descriptions

<b>Developmental</b>	Assesses your child's growth in different areas, which may include communication, social and emotional development, fine and gross motor abilities, and other areas of growth.
<b>Medical/Social History</b>	Collects information about your child's medical history.
<b>Social/Emotional</b>	Collects information about your child's social and emotional development. May include rating scales, personal inventories, behavioral observations, and personal interviews.
<b>Communication</b>	Assesses your child's ability to communicate verbally and nonverbally.
<b>Speech</b>	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech.
<b>Language</b>	Assesses your child's receptive and expressive language skills, including phonology, morphology, syntax, semantics, and pragmatics.
<b>Hearing</b>	Evaluates your child for hearing acuity. Includes pure tone testing, oto-acoustic emissions and impedance testing of middle ear functioning.
<b>Vision</b>	Evaluates your child's visual acuity (ability to see).
<b>Adaptive behavior</b>	Assesses your child's general behaviors at home, school, and community.
<b>Cognitive ability</b>	Assesses your child's ability to learn, problem-solve, comprehend and reason.
<b>Fine and gross motor</b>	Assesses your child's motor skills and abilities.
<b>Occupational therapy</b>	Assesses your child's fine motor skills and abilities.
<b>Physical therapy</b>	Assesses your child's gross motor (movement) skills and abilities.
<b>Medical</b>	Determines your child's developmental status and need for services, and may include a physical exam by a physician.
<b>Nursing</b>	Assesses your child's health status and is done by a nurse, may include identification of health problems.
<b>Nutrition</b>	Reviews your child's nutritional history and dietary intake, growth measurements, feeding skills and feeding problems, food habits and food preferences.